

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030207

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7294

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 25 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. Louis

Length of stay in 1b

10 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

D.O.A. City Hosp No I

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo

b. COUNTY

admission)

c. CITY  
OR  
TOWN

ST. Louis

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

3119 Franklin

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Melie Leon

First

Middle

Last

Lindsay

4. DATE  
OF  
DEATH

Month

7 -

Day

10 -

Year

63

## 5. SEX

male

## 6. COLOR OR RACE

negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

7-11-1935

## 9. AGE (last birthday)

37

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Common labor

## 11. BIRTHPLACE (City and state or country)

Luplo Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Will Lindsay

## 13b. MOTHER'S MAIDEN NAME

Ella

## 14. NAME OF HUSBAND OR WIFE

Lucille Lindsay

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Lucille Lindsay 1341 Euclid

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Stab wound of heart: ( Cardiac Tamponade );

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

suffered when stabbed with knife in hands of one Raymond Webster, in the vicinity of 3134 Bell,

( rear ) about 2:15 P.M., July 3rd, 1963.

## DUE TO (c)

Homicide

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☒

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above

## 20c. TIME OF INJURY

2:15

Hour

a.m.

p.m.

Month, Day, Year

7-3-63

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Alley

## 20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

2:30

P

to

and last saw her

him alive on

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Helen L. Taylor Carver

(Degree or title)

## 22b. ADDRESS

1340 Clark

## 22c. DATE SIGNED

7-15-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-15-63

## 23c. NAME OF CEMETERY OR CREMATORY

Father Wilson

## 23d. LOCATION (City, town, or county)

Kirkwood

(State),

mo

## 24. FUNERAL DIRECTOR

A.H. Burk

## ADDRESS

390 Ashland

## 25. DATE RECD. BY LOCAL REG.

JUL 15 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

7115.63

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.